

INVOICE

Page: 1 of 3
 Invoice Number: INV-1145414
 Invoice Date: 09-AUG-2017
 Invoice Copy Date: 08-09-17

BILL TO :

Media Fortitude
 30 Newport Pkwy
 STE 2110
 Jersey City, NJ 07310

REMIT TO :

THE NEW YORK INTERCONNECT LLC
 PO Box 392068
 Pittsburgh, PA 15251-9068
 (516) 803-5380

Invoice Number	Customer	Customer Number	Billing Cycle	Payment Terms
INV-1145414	NJ Department of Health	000139621	06-26-17 - 07-30-17	Net 30 days

AFFIDAVIT OF PERFORMANCE

Reg/Ret	Line	Network	Day	Date	Time	Spot Title	Length	Rate		
Customer : NJ Department of Health		Order No. : 11200321			Contract No. : TIM380048		PO Number : TIM380048 I24		Salesperson Name : Craig Fabricant	
Type : EDI		Ext. Order : 380048			Ext. Client : NJDOH		Estimate No. : June17 i24		Product : N/A	
I24 / 2012 I24 NATIONAL NEWS NET #80										
	3	I24	MON	06-26-17	6:45:23 pm	NJSDOH17107H-COMCAST	30	\$ 50.00		
	3	I24	MON	06-26-17	6:58:06 pm	NJSDOH17107H-COMCAST	30	\$ 50.00		
	3	I24	MON	06-26-17	7:58:06 pm	NJSDOH17107H-COMCAST	30	\$ 50.00		
	3	I24	MON	06-26-17	8:58:06 pm	NJSDOH17107H-COMCAST	30	\$ 50.00		
	3	I24	TUE	06-27-17	6:45:44 pm	NJSDOH17107H-COMCAST	30	\$ 50.00		
	3	I24	TUE	06-27-17	7:45:53 pm	NJSDOH17107H-COMCAST	30	\$ 50.00		
	3	I24	TUE	06-27-17	8:45:43 pm	NJSDOH17107H-COMCAST	30	\$ 50.00		
	3	I24	TUE	06-27-17	9:43:14 pm	NJSDOH17107H-COMCAST	30	\$ 50.00		
	3	I24	WED	06-28-17	6:43:17 pm	NJSDOH17107H-COMCAST	30	\$ 50.00		
	3	I24	WED	06-28-17	7:44:39 pm	NJSDOH17107H-COMCAST	30	\$ 50.00		
	3	I24	WED	06-28-17	8:43:17 pm	NJSDOH17107H-COMCAST	30	\$ 50.00		
	3	I24	WED	06-28-17	9:41:23 pm	NJSDOH17107H-COMCAST	30	\$ 50.00		
	3	I24	THU	06-29-17	6:44:39 pm	NJSDOH17107H-COMCAST	30	\$ 50.00		
	3	I24	THU	06-29-17	6:58:06 pm	NJSDOH17107H-COMCAST	30	\$ 50.00		
	3	I24	THU	06-29-17	7:58:06 pm	NJSDOH17107H-COMCAST	30	\$ 50.00		
	3	I24	THU	06-29-17	8:58:06 pm	NJSDOH17107H-COMCAST	30	\$ 50.00		
	3	I24	FRI	06-30-17	6:45:07 pm	NJSDOH17107H-COMCAST	30	\$ 50.00		
	3	I24	FRI	06-30-17	6:58:06 pm	NJSDOH17107H-COMCAST	30	\$ 50.00		
	3	I24	FRI	06-30-17	7:58:06 pm	NJSDOH17107H-COMCAST	30	\$ 50.00		
	3	I24	FRI	06-30-17	8:58:06 pm	NJSDOH17107H-COMCAST	30	\$ 50.00		
I24 Subtotal :							20	\$ 1000.00		
I24 Retail Unit Subtotal :							20	\$ 1000.00		
Gross Affidavit Time Charges :							20	\$ 1000.00		

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INVOICE SUMMARY

Order Number	Line Number	Line Start Date	Line End Date	Buy Time	Network	Region	Ordered Qty	Aired Qty		Ordered Rate	Gross Total
								N	M		
11200321	3	26-JUN-17	30-JUN-17	UD: 18:00-22:00	I24	I24	20	20		\$ 50.00	\$ 1000.00
Order # 11200321 Total: :							20	20			\$ 1000.00
Total Affidavit Time Charges: :							20	20			\$ 1000.00
TIME PERIOD DEFINITION: D=DAYPART, UD=USER DAYPART, P=PROGRAM, PG=PROGRAM GROUP, TV=TV PROGRAM.											

COMMERCIAL SUMMARY TOTALS

Spot ID	Spot Title	Reg/Ret	Networks	Total Spots	Total Cost
10213026	NJSDOH17107H-COMCAST I24		I24	20	\$ 1000.00
Total: :				20	\$ 1000.00

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INV-1145414	NJ Department of Health	000139621	06-26-17 - 07-30-17	Net 30 days

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Invoice Notes

Gross Spot Dollars :	\$ 1000.00
Agency Discount(-) :	\$ 150.00
Net Advertising Total :	\$ 850.00
BALANCE DUE :	\$ 850.00

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PO Box 392068
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(516) 803-5380

Payment Terms: Net 30 days

The unit rates in this invoice reflect the negotiated unit value (which may not reflect fair value as defined by GAAP), and may have been adjusted to reflect accelerated deferred payment schedules or additional non-linear media provided.

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